APPLICATION FOR USE OF ECH ARCHIVES

This application applies to:

1) users requesting to work with archival materials on-site, at the Institute for the History of Medicine of the Robert Bosch Foundation,
2) users requesting to obtain copies of archival material without visiting the archives.

Prior approval of the ECH Board must be obtained before a person will be given access to unpublished archival material for on-site research. Requests are considered once monthly. In special cases, consideration can be obtained at other times.

You may apply for approval by the ECH Board by completing and signing this application and sending it to:

ECH President
ECH Secretariat
Noorwegenstraat 49
9940 Evergem (Haven 8008X)
Belgium

Alternatively, you may submit a facsimile of the Application Form by emailing it to archives@homeopathyeurope.org or sending by fax to +32 9 344 40 10.

Personal documents cannot be consulted.

The ECH Archive can be visited by ECH members for research purposes free of charge, but by appointment only. If the applicant receives a positive answer to his request he then needs to contact the Robert Bosch Foundation to make an appointment for a visit OR to request photocopies. Details will be sent along with the response to the application.
APPLICATION FOR USE OF ECH ARCHIVES

I hereby apply for permission to consult the following archival material, for the following stated purpose(s).

Date: ______________________

Please use BLOCK CAPITALS to fill in this form

Name: ___________________________________________________________

Address: _______________________________________________________________________

Telephone(s): _____________________________________________________________

Email: _______________________________________________________________

Affiliation (if any): ________________________________________________

Items requested: __________________________________________________________________________

________________________________________________________________________________________

Subject of research: _________________________________________________________________________

________________________________________________________________________________________

Purpose or expected product of research (book, article, thesis, dissertation, film, area/local archives use, personal/family research, other): __________________________________________________________________________________________

________________________________________________________________________________________

I want to visit in person (on-site): YES – NO

I will be accompanied by another person: YES – NO. If yes, state full name: ________________________

I have read and agreed to abide by the above terms and conditions, and the “Regulations of Use” of the Robert Bosch Foundation.

Signature: ________________________________ Date: __________________________